CaIOMS

CalOMS Data Dictionary

Version 1.02

California Department of Alcohol and Drug Programs

August 10, 2005

Document History

Version	Date	Brief Description of Modifications
1.00	6/23/2005	Initial version issued to counties and direct providers.
1.01	7/15/2005	Minor corrections and revisions made based on comments from counties and direct providers.
1.02	8/10/2005	Corrected the maximum length of the Annual Update Number field on page 40.
		Corrected the Instrument X-ref for Enrolled in School (EMP-2). Removed CADDS as a reference. Enrolled in School was never required for CADDS.
	8/25/2005	Clarified the definition of Transaction Date and Time (TRN-2).

Purpose

The CalOMS Data Dictionary provides detailed information on the data items to be collected and reported to ADP for CalOMS. This is a companion document to the CalOMS Input Data File Instructions and the CalOMS Data Collection Guide.

Table of Contents

1   Introduction

The California Outcomes Measurement System (CalOMS) plays a key role in California's Department of Alcohol and Drug Programs (ADP) mission of reducing alcohol and other drug (AOD) problems in California. CalOMS plays this role by providing outcomes measurement in support of treatment programs. Treatment data collection is required from all providers licensed for narcotic replacement therapy and all providers receiving ADP funding for clients receiving the following services:

- ❖ Non-residential / outpatient services:
  - ✓ Outpatient drug free
  - ✓ Day care rehabilitative
  - ✓ Detoxification (non-medical)
  - ✓ Narcotic treatment – maintenance
  - ✓ Narcotic treatment – detoxification
- ❖ Residential:
  - ✓ Detoxification (hospital)
  - ✓ Detoxification (non-hospital)
  - ✓ Treatment / recovery (30 days or less)
  - ✓ Treatment / recovery (30 days or more).

Any provider that receives public funding for treatment services and all Narcotic Treatment Program (NTP) providers must report CalOMS data for all clients receiving treatment, whether those individual client services are funded by public funds or not. An exemption exists for providers that receive funds under the Substance Abuse Crime Prevention Act (SACPA) only and are not an NTP provider. A treatment provider that falls into this category must collect and report CalOMS data only for the clients that are funded through SACPA. They are not required to report CalOMS data for their other clients.

Providers will collect client data at admission and at discharge or administrative discharge from the same treatment program. Data will also be collected annually as an annual update for clients in treatment for over twelve months.

The purpose of the Data Dictionary is to provide details on the specific CalOMS data items (elements) to be collected by the providers and counties and submitted to ADP. This document contains the following sections.

- Section 2 identifies the Item Groups into which the data items have been organized.
- Section 3 defines Alternative Values that can be used as allowable values for some of the data items.
- Section 4 provides the details for each data item to be collected for CalOMS and submitted to ADP.
- Section 5 provides the list of valid county codes.
- Section 6 provides the list of valid state codes.
- Section 7 provides the list of error codes and messages.

2   Item Groups

The Item Details section (section 4 of this document) refers to various data elements to be collected for CalOMS. The individual items are organized into Item Groups. A list of these item groups and their description is included in Table 1 below.

Table 1 – Item Groups

Abbreviation	Group Description
CID	Client Identification and Demographic Data
ADM	Admission Data
TRN	Transaction Data
DIS	Discharge Data
ADU	Alcohol and Drug Use Data
EMP	Employment Data
LEG	Criminal Justice Data
MED	Medical / Physical Health Data
MHD	Mental Health Data
SOC	Family / Social Data
SYS	System Required – Items that are needed to track file submissions.
AUP	Annual Update Data

3   Alternative Values

There are various alternative values that are used for many of the data elements, these alternative values are provided in Table 2 on the following page. These values are only allowed for specific fields and in specific circumstances. Please refer to the specific item details to determine where these values are acceptable.

Counties and direct providers are not required to use the same set of alternative value codes in their system. However, they must be able to provide these values in the data files submitted to ADP.

Table 2 – Alternative Values Used Throughout the Data Elements

Value	Definition	Use
99900	Client declined to state	This value is used when the client has declined to state an answer for the question.
99901	Unknown or Not sure / Don't know	This value is used to indicate that the answer is unknown to the provider or to indicate that the client response is "Not sure or Don't know"
99902	None or not applicable	This value is used to indicate that the question is not applicable to the client or that the answer to the question is "none"
99903	Other	This value is used when the client's answer is not of the specific options provided.
99904	Client unable to answer	This value is reserved for developmentally disabled clients that are unable to answer the question and for clients undergoing detoxification services that have not stabilized.

4   Item Details

This section provides details for the data elements that are collected and submitted to ADP. Each sub-section within the Item Details section will provide details for one item including validation rules for each item.

The Item Details begin on the next page.

4.1 Type of Form (TRN-1)

The type of form is used to indicate the type of record submitted. This is a provider supplied field.

Table 1 – Details for TRN-1

Group and Item Number	TRN-1
Data Element	Type of Form
Format and Type	Numeric
Maximum Length	2
Instrument X-Ref	CADDS, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Admission
2	Resubmission of Admission
3	Deletion of Admission
4	Discharge
5	Resubmission of Discharge
6	Deletion of Discharge
7	Annual Update
8	Resubmission of Annual Update
9	Deletion of Annual Update

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	380
2	If Admission is supplied, the record cannot be a duplicate.	460
3	If Deletion of Admission is supplied, a matching Admission record must exist.	464
4	If Discharge is supplied, a matching Admission record must exist (match based on Form Serial Number (TRN-3)).	374

5	If Discharge is supplied, the record cannot be a duplicate.	463
6	If Deletion of Discharge is supplied, a matching Discharge record must exist.	465
7	If Annual Update is supplied, a matching Admission record must exist (match based on Form Serial Number (TRN-3)).	462
8	If Annual Update is supplied, the record cannot be a duplicate.	461
9	If Deletion of Annual Update is supplied, a matching Annual Update record must exist.	466

4.2   Transaction Date and Time (TRN-2)

This is the date and time that the record is entered into the county's system or direct provider's system for CalOMS. This should be a timestamp by the county's system or direct provider's system on the record.

Table 2 – Details for TRN-2

Group and Item Number	TRN-2
Data Element	Transaction Date and Time
Format and Type	MM/DD/YYYY HH:MI:SS (Alpha Numeric)
Maximum Length	19
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
MM	Two digit month, must be a value from 01 through 12.
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.
YYYY	Four digit year, must be a value from 1999 through 2099.
HH	Two digit hour, must be a value from 00 through 23 (12:00 A.M. is presented as 00 hour).
MI	Two digit minute, must be a value from 00 through 59.
SS	Two digit second, must be a value from 00 through 59.

Validation Rules		
Rule #	**Rule**	**Error**
1	Date must be provided in the format specified with a space between the date and time.	381
2	Values provided for MM, DD, YYYY, HH, MI and SS must be within the specified allowable ranges.	382
3	The date supplied must be a valid date.	383
4	The transaction date and time must be no later then the date and time the file was submitted to ADP.	384

4.3 Form Serial Number (TRN-3)

The form serial number for an admission record and its matching discharge record must match. This is a sequential number generated by the county's system or direct provider's system. Form serial numbers assigned to admissions under CADDS must not be re-used for admissions under CalOMS. A county or direct provider should begin the numbering for CalOMS at a position that will guarantee that a duplicate with CADDS will not be used. Gaps in the numbering between CADDs and CalOMS at the time of cutover to CalOMS are acceptable.

All eight characters of the serial number must be used, i.e. blank or null characters in this field are not allowed. The leading alpha character can be assigned as the county or direct provider chooses; the alpha characters are not intended to be assigned based on service modality provided. The length of the form serial number has been expanded by one digit to allow for growth over time. This additional numeric digit must be a zero (0) until all counties have converted to CalOMS operation and ADP retires CADDS. ADP will inform the counties when this leading numeric digit can be used.

As an example of the use of form serial number for CalOMS, if the last form serial number assigned to a client admission in CADDS is D123456, the county or direct provider may choose to use D0123457 as the first serial number assigned to a client admission in CalOMS. Alternatively, a county or direct provider may choose to start the numbering in CalOMS at E0000001.

Table 3 – Details for TRN-3

Group and Item Number	TRN-3
Data Element	Form Serial Number
Format and Type	X9999999 (alpha numeric)

Maximum Length	8
Instrument X-Ref	CADDS-2
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
X:	The first digit must be an alphabetic character.
0:	The 2nd digit must be a zero (0).
999999:	The 3rd through 8th digits must be numeric characters.

Validation Rules		
Rule #	**Rule**	**Error**
1	Form Serial Number must be in the format specified.	020

4.4   Unique Participant ID (CID-1)

This is an ADP system generated identifier that is used for TEDS reporting. The counties and direct providers do not have to report this item to ADP.

4.5   Provider's Participant ID (CID-2)

This is an identifier assigned by the provider to the participant. Providers may use their own system of participant numbers.

Table 4 – Details for CID-2

Group and Item Number	CID-2
Data Element	Provider's Participant ID
Format and Type	Any format (Alpha Numeric)
Maximum Length	10
Instrument X-Ref	CADDS-4
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values		
Value / Format	**Meaning**	
Alpha Numeric	String can be made up of one or more alpha numeric characters including A-Z, 0-9, blank or hyphen.	
Validation Rules		
Rule #	**Rule**	**Error**
1	A valid Participant ID must be provided.	060
2	The Participant ID provided for a discharge record, where Type of Form (TRN-1) is 4 or 5, must match the Participant ID for the matching admission record.	061

4.6   Gender (CID-3)

This item identifies the gender of the participant.

Table 5 – Details for CID-3

Group and Item Number	CID-3	
Data Element	Gender	
Question	What is the client's gender?	
Format and Type	Numeric	
Maximum Length	5	
Instrument X-Ref	UCI-1, CADDS 1.2, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Male	
2	Female	
99903	Other	

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	040
2	If Pregnant at Admission (MED-5) or Pregnant at Any Time During Treatment (MED-6) have a value of 'Yes', Gender (CID-3) cannot be Male (1).	131

4.7   Date of Birth (CID-4)

This item identifies the date of birth of the participant.

Table 6 – Details for CID-4

Group and Item Number	CID-4
Data Element	Date of Birth
Question	What is the client's date of birth?
Format and Type	MM/DD/YYYY (Date)
Maximum Length	10
Instrument X-Ref	UCI-2, CADDS 1.3, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
MM	Two digit month, must be a value from 01 through 12.
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.
YYYY	Four digit year, must be a value that is at least 1899.

Validation Rules		
Rule #	**Rule**	**Error**
1	The value provided must follow the specified format.	050
2	The date supplied must be a valid calendar date.	052

3	The resultant age at admission must be from 5 through 105 years.	053

4.8   Current First Name (CID-5)

This item identifies the current first name of the participant. If client only has one name, use 99902 (none or not applicable) in the current first name field and report the name in the current last name field.

Table 7 – Details for CID-5

Group and Item Number	CID-5
Data Element	Current First Name
Question	What is the client's current first name?
Format and Type	No specific format (Alpha or Numeric)
Maximum Length	20
Instrument X-Ref	UCI-9, CADDS 1.1
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha	The alphabetic name of the client containing at least one character.
99902	Not or not applicable
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	022
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	023

4.9   Current Last Name (CID-6)

This item identifies the current last name of the participant. If client only has one name, use 99902 (none or not applicable) in the current first name field and report the name in the current last name field.

Table 8 – Details for CID-6

Group and Item Number	CID-6
Data Element	Current Last Name
Question	What is the client's current last name?
Format and Type	No specific format (Alpha Numeric)
Maximum Length	40
Instrument X-Ref	UCI-8, CADDS 1.1
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha	The alphabetic name of the client containing at least one character.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	024
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	025

4.10 Social Security Number (CID-7)

This item identifies the social security number (SSN) of the participant.

Table 9 – Details for CID-7

Group and Item Number	CID-7
Data Element	SSN
Question	What is the client's social security number?
Format and Type	Numeric
Maximum Length	9
Instrument X-Ref	UCI-10
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
NNNNNNNNN	A nine digit social security number.
99900	Client declines to state
99902	None or not applicable
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	The value provided must be a 9 digit number or one of the specified additional values.	026
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	027

4.11 Zip Code at Current Residence (CID-8)

This item identifies zip code at current residence of the participant.

Table 10 – Details for CID-8

Group and Item Number	CID-8
Data Element	Zip Code at Current Residence
Question	What is the client's zip code at their current residence?
Format and Type	Alpha Numeric
Maximum Length	5
Instrument X-Ref	UCI-7
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
NNNNN	The client's five digit zip code.
00000	Homeless
XXXXX	Client declines to state
ZZZZZ	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	The value provided must be a 5 digit number or one of the specified additional alpha values.	032
2	Current zip code can only be '00000' if Current Living Arrangements (SOC-2) is 1 (homeless).	033
3	The 'Client unable to answer' (ZZZZZ) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	034

4.12 Birth First Name (CID-9)

This item identifies birth first name of the participant. If client only has one name, use 99902 (none or not applicable) in the birth first name field and report the name in the birth last name field.

Table 11 – Details for CID-9

Group and Item Number	CID-9
Data Element	Birth First Name
Question	What is the client's birth first name?
Format and Type	Alpha or Numeric
Maximum Length	20
Instrument X-Ref	UCI-5
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha	The alphabetic name of the client containing at least one character.
99902	None or not applicable

Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is either one of the specified numeric values, or an alpha name.	031

4.13 Birth Last Name (CID-10)

This item identifies birth last name of the participant. If client only has one name, use 99902 (none or not applicable) in the birth first name field and report the name in the birth last name field.

Table 12 – Details for CID-10

Group and Item Number	CID-10
Data Element	Birth Last Name
Question	What is the client's birth last name?
Format and Type	Alpha
Maximum Length	40
Instrument X-Ref	UCI-6
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha	The alphabetic name of the client containing at least one character.

Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is an alpha name.	030

4.14 Place of Birth – County (CID-11a)

This item identifies participant's county of birth if the participant was born in California. A value of 99903 (other) is used for participants born outside California.

Table 13 – Details for CID-11a

Group and Item Number	CID-11a
Data Element	Place of Birth – County
Question	What is the client's county of birth if born in California?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	UCI-3
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
01-58	County codes 01 through 58. Please refer to Section 5 for the list of county codes.
99903	Other (born outside CA)

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	035
2	If Place of Birth – State (CID-11b) is CA (California), a county code from 01 – 58 must be provided.	028
3	If Place of Birth – State (CID-11b) is not CA (California), then Other (99903) must be provided.	029

4.15 Place of Birth – State (CID-11b)

This item identifies participant's state of birth if the participant was born in the United States. A value of 99903 (other) is used for participants born outside the U.S.

Table 14 – Details for CID-11b

Group and Item Number	CID-11b
Data Element	Place of Birth – State
Question	What is the client's state of birth if born within the United States but outside California?
Format and Type	Alpha Numeric
Maximum Length	5
Instrument X-Ref	UCI-3
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
AL – WY	Two letter state code abbreviation. Please refer to Section 6 for the list of states.
99903	Other (born outside U.S.)

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	036
2	If a Place of Birth – County (CID-11a) is a county code from 01 through 58, CA (California) must be provided as the Place of Birth – State (CID-11b)	008
3	If a Place of Birth – County (CID-11a) is Other (99903), then Place of Birth – State (CID-11b) can not be CA (California)	009

4.16 Driver's License Number (CID-12)

This item identifies participant's driver's license number or state identification card number.

Table 15 – Details for CID-12

Group and Item Number	CID-12
Data Element	Driver's License Number
Question	What is the client's driver's license number? If the client does not have a driver's license, what is the client's state ID card number?
Format and Type	Alpha Numeric
Maximum Length	13
Instrument X-Ref	UCI-13
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha Numeric	An alphanumeric value up to 13 characters in length with at least one character.
99900	Client declined to state
99902	None or not applicable
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	038
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	039
3	If a Driver's License State (CID-13) is provided, a Driver's License Number must be provided.	037

4.17 Driver's License State (CID-13)

This item identifies state corresponding to the driver's license.

Table 16 – Details for CID-13

Group and Item Number	CID-13
Data Element	Driver's License State
	For which state does the client have a valid driver's license or state ID card?
Format and Type	Alpha Numeric
Maximum Length	5
Instrument X-Ref	UCI-13
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
AL – WY	Two letter state code abbreviation. Please refer to Section 6 for a list of valid state codes.
99900	Client declined to state
99902	None or not applicable
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	042
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	043
3	If a Driver's License Number (CID-12) is provided, a Driver's License State must be provided.	044

4.18 Mother's First Name (CID-14)

This item identifies the first name of the participant's mother.

Table 17 – Details for CID-14

Group and Item Number	CID-14
Data Element	Mother's First Name
Question	What is the first name of the client's mother?
Format and Type	Alpha
Maximum Length	20
Instrument X-Ref	UCI-4
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha	The alphabetic name of the participant's mother containing at least one character.

Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided that is an alpha name.	045

4.19 Race (CID-15)

This item identifies the participant's race.

Table 18 – Details for CID-15

Group and Item Number	CID-15
Data Element	Race
Question	What is the client's race?
Format and Type	Numeric
Maximum Length	14
Instrument X-Ref	CADDS-6, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
01	White
02	Black / African-American
03	American Indian
04	Alaskan Native
05	Asian Indian
06	Cambodian
07	Chinese
08	Filipino
09	Guamanian
10	Hawaiian
11	Japanese
12	Korean
13	Laotian
14	Samoan
15	Vietnamese
16	Other Asian
17	Other Race
18	Mixed Race

	Validation Rules		
Rule #	**Rule**		**Error**
1	At least one race must be indicated.		080
2	No more than five races must be indicated.		081
3	If multiple values are selected, they must be separated using the sub-delimiter (~). As with other fields, this field must then be followed by the main delimiter (|).		082
4	Only allowable values must be selected.		083

4.20 Ethnicity (CID-16)

This item identifies the participant's ethnicity.

Table 19 – Details for CID-16

Group and Item Number	CID-16	
Data Element	Ethnicity	
Question	What is the client's ethnicity?	
Format and Type	Numeric	
Maximum Length	1	
Instrument X-Ref	CADDS-7, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Not Hispanic	
2	Mexican / Mexican American	
3	Cuban	
4	Puerto Rican	
5	Other Hispanic / Latino	

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	090

4.21 Veteran (CID-17)

This item identifies whether a participant is a U.S. veteran.

Table 20 – Details for CID-17

Group and Item Number	CID-17
Data Element	Veteran
Question	Is the client a U.S. veteran?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	047
2	Cannot be veteran if age is less than 17 years.	048

3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	049

4.22 Disability (CID-18)

This item identifies whether a participant has a disability. A participant may have more than one disability from those with values 2 through 8.

Table 21 – Details for CID-18

Group and Item Number	CID-18
Data Element	Disability
Question	What type of disability does the client have, if any?
Format and Type	Numeric
Maximum Length	13
Instrument X-Ref	CADDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
1	None
2	Visual
3	Hearing
4	Speech
5	Mobility
6	Mental
7	Developmentally Disabled
8	Other Disability (not AOD)
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	150

2	If disability is None (1), multiple values are not allowed.	151
3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service).	152
4	If multiple values are selected, they must be separated using the sub-delimiter (~). As with other fields, this field must then be followed by the main delimiter (|).	153

4.23 Consent (CID-19)

This item identifies whether a participant has given consent to be contacted in the future.

Table 22 – Details for CID-19

Group and Item Number	CID-19
Data Element	Consent
Question	Is there a consent form allowing future possible contact signed by the client on file within your agency?
Format and Type	Numeric
Maximum Length	1
Instrument X-Ref	Privacy
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	055

4.24 Admission Date (ADM-1)

The admission date is used to indicate the date of the participant's admission to the provider's treatment program. This is a provider supplied field.

Table 23 – Details for ADM-1

Group and Item Number	ADM-1
Data Element	Admission Date
Format and Type	MM/DD/YYYY (Date)
Maximum Length	10
Instrument X-Ref	CADDS-14, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
MM	Two digit month, must be a value from 01 through 12.
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.
YYYY	Four digit year, must be a value from 1999 through 2099.

Validation Rules		
Rule #	**Rule**	**Error**
1	The date submitted must be provided in the specified format.	160
2	MM, DD, and YYYY must fall within the allowable values.	161
3	The date submitted must be a valid calendar date.	162
4	For a discharge record, where Type of Form (TRN-1) is 4, 5, or 6, Admission Date must be on or before the Discharge Date (DIS-1).	391
5	Admission Date must be no more than five years earlier than Transaction Date (TRN-2).	163

4.25 Admission Transaction Type (ADM-2)

The admission transaction type is used to indicate the type of admission, whether it be an initial admission or a transfer or change. This is a provider supplied field.

Table 24 – Details for ADM-2

Group and Item Number	ADM-2	
Data Element	Admission Transaction Type	
Format and Type	Numeric	
Maximum Length	1	
Instrument X-Ref	CADDS-15, TEDS	
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.	
Allowable Values		
Value / Format	**Meaning**	
1	Initial Admission	
2	Transfer of Change in Service	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	190

4.26 Provider ID (ADM-3)

The Provider ID is used to indicate the identifier for the provider providing the service. This is a provider supplied field.

Table 25 – Details for ADM-3

Group and Item Number	ADM-3
Data Element	Provider ID
Format and Type	County Code + Facility ID (Numeric)
Maximum Length	6
Instrument X-Ref	CADDS-1, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
NN	The first two digits of this field represent the county code of the provider which must be a value from 01 through 58.
NNNN	The remaining four digits of this field represent the 4-digit Provider ID (Facility ID) assigned by ADP.

Validation Rules		
Rule #	**Rule**	**Error**
1	Provider ID must be exactly 6 digits in length.	010
2	The Provider ID must match ADP's Master Provider File (MPF).	013

4.27 Type of Service (ADM-4)

The type of service is used to indicate the type of treatment service for the participant. This is a provider supplied field.

Table 26 – Details for ADM-4

Group and Item Number	ADM-4
Data Element	Type of Service
Format and Type	Numeric
Maximum Length	1
Instrument X-Ref	CADDS-16, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Nonresidential / Outpatient Treatment / Recovery
2	Nonresidential / Outpatient Day Program-intensive
3	Nonresidential / Outpatient Detoxification
4	Residential Detoxification (hospital)
5	Residential Detoxification (non-hospital)
6	Residential Treatment / recovery (30 days or less)
7	Residential Treatment / recovery (31 days or more)

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	200
2	Type of service must be one of the provider's licensed services as indicated in the Master Provider File (MPF).	201

4.28 Source of Referral (ADM-5)

This is a provider supplied field indicating the principal source of referral.

Table 27 – Details for ADM-5

Group and Item Number	ADM-5
Data Element	Source of Referral
Question	What is the client's principal source of referral?
Format and Type	Numeric
Maximum Length	2
Instrument X-Ref	CADDS-10, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Individual, including self-referral
2	Alcohol / Drug Abuse program
3	Other Health Care Provider
4	School / Educational
5	Employer / EAP
6	12 Step Mutual Aid
7	SACPA Court / Probation
8	SACPA Parole
9	DUI/DWI
10	State Drug Court Partnership (DCP)
11	Comprehensive Drug Court Implementation (CDCI)
12	Non SACPA Court / Criminal Justice
13	Other Community Referral
14	Dependency Court/Child Protective Services

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	120

4.29 Days Waited to Enter Treatment (ADM-6)

This field identifies the total number of days, not including any time incarcerated, that the participant was on a waiting list before being admitted into the treatment program.

Table 28 – Details for ADM-6

Group and Item Number	ADM-6
Data Element	Days Waited to Enter Treatment
Question	How many days was the client on a waiting list before being admitted to this treatment program?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-999	A numeric value from 0 to 999.
99901	Not sure / don't know
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	056
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	057

4.30 Number of Prior Episodes (ADM-7)

This field identifies the total number of episodes the client has participated in as a primary client, not as a co-dependent.

Table 29 – Details for ADM-7

Group and Item Number	ADM-7
Data Element	Number of Prior Episodes
Question	What is the number of prior episodes in any alcohol or drug treatment/recovery program in which the client has participated?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-18, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-99	A numeric value from 0 to 99.
99900	Client declined to state
99901	Not sure / Don't know
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	220
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	221

4.31 CalWORKs Recipient (ADM-8)

This field identifies whether the participant is a CalWORKs recipient.

Table 30 – Details for ADM-8

Group and Item Number	ADM-8
Data Element	CalWORKs Recipient
Question	Is the client a CalWORKS recipient?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS (coded remarks)
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99901	Not sure / Don't know

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	062

4.32 Substance Abuse Treatment under CalWORKs (ADM-9)

This field identifies whether the participant is undergoing substance abuse treatment under CalWORKs.

Table 31 – Details for ADM-9

Group and Item Number	ADM-9
Data Element	Substance Abuse Treatment under CalWORKs
Question	Is the client receiving substance abuse treatment under CalWORKs recipient's welfare-to-work plan?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS (coded remarks)
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99901	Not sure / Don't know

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	063
2	Value can only be yes if CalWORKs Recipient (ADM-8) is also Yes (1).	064

4.33 County Paying for Services (ADM-10)

This is a provider supplied field to identify the county that is paying for the client's treatment services when the paying county is <u>not</u> the county in which the provider's facility is located. Typically, these services are paid for either under a special services contract between the paying (referring) county and the county in which the provider's facility is located or through an informal agreement between the paying county and the provider facility located in a different county. In either situation, the provider must provide the code of the county paying for the service. This field is <u>only</u> used when the services are being paid for by a county other than the county in which the provider's facility is located.

Table 32 – Details for ADM-10

Group and Item Number	ADM-10
Data Element	County Paying for Services
Question	If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-24
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
01-58	County Code from 01 – 58, refer to Section 5 for a list of valid county codes.
99902	None or not applicable

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	330
2	If a Special Services Contract ID (ADM-11) is provided, a county code must be provided in County Paying for Services (ADM-10).	331

4.34 Special Services Contract ID (ADM-11)

This is a provider supplied field indicating whether treatment is being provided under a special services contract on behalf of another county. If so, a special services contract ID is provided.

Table 33 – Details for ADM-11

Group and Item Number	ADM-11
Data Element	Special Services Contract ID
Question	What is the special services contract ID number under which the client's services were performed?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-24
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0000-9999	An ID number from 0000 through 9999
99902	None or not applicable

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	340
2	An ID can only be provided if a Paying County Code (ADM-10) is provided.	341
3	The Contract ID must match the Master Provider File.	342

4.35 Discharge Date (DIS-1)

This is a provider supplied field indicating participant's date of discharge from the program.

Table 34 – Details for DIS-1

Group and Item Number	DIS-1
Data Element	Discharge Date
Format and Type	MM/DD/YYYY (Date)
Maximum Length	10
Instrument X-Ref	CADDS-28, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
MM	Two digit month, must be a value from 01 through 12.
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.
YYYY	Four digit year, must be a value from 1999 through 2099.

Validation Rules		
Rule #	**Rule**	**Error**
1	The data must be submitted in the specified format.	370
2	MM, DD, and YYYY must fall within the allowable range values.	371
3	The date submitted must be a valid calendar date.	372
4	For a discharge record, where Type of Form (TRN-1) is 4, 5, or 6, Discharge Date (DIS-1) must be on or after Admission Date.	391
5	Discharge date must be at most five years earlier than Transaction Date (TRN-2).	373

4.36 Discharge Status (DIS-2)

This is a provider supplied field indicating participant's discharge status.

Table 35 – Details for DIS-2

Group and Item Number	DIS-2
Data Element	Discharge Status
Format and Type	Numeric
Maximum Length	1
Instrument X-Ref	CADDS-29, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Completed Treatment / Recovery Plan, Goals / Referred
2	Completed Treatment / Recovery Plan, Goals / Not Referred
3	Left Before Completion w / Satisfactory Progress / Referred
4	Left Before Completion w / Satisfactory Progress / Not Referred
5	Left Before Completion w / Unsatisfactory Progress / Referred
6	Left Before Completion w / Unsatisfactory Progress / Not Referred
7	Death
8	Incarceration

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	400

4.37 Annual Update Date (AUP-1)

The annual update date is used to indicate the date of the annual update was performed for the participant. This is a provider supplied field.

Table 36 – Details for AUP-1

Group and Item Number	AUP-1
Data Element	Annual Update Date
Format and Type	MM/DD/YYYY (Date)
Maximum Length	10
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
MM	Two digit month, must be a value from 01 through 12.
DD	Two digit day, must be a value from 01 through 31 and a valid day for the month.
YYYY	Four digit year, must be a value from 1999 through 2099.

Validation Rules		
Rule #	**Rule**	**Error**
1	The date submitted must be provided in the specified format.	164
2	MM, DD, and YYYY must fall within the allowable values.	165
3	The date submitted must be a valid calendar date.	166
4	For an annual update record, where Type of Form (TRN-1) is 7, 8, or 9, Admission Date must be before the Annual Update Date (AUP-1).	168
5	Annual Update Date must be no more than five years earlier than Transaction Date (TRN-2).	167
6	Annual Update Date must be at most 60 days earlier than one year after admission date. (e.g. if admission date is 01/01/2004 the earliest allowable annual update date is 11/02/2004, which is 60 days prior to 01/01/2005)	169

4.38 Annual Update Number (AUP-2)

This field is used to identify the annual update number. The first annual update submitted after admission will have an annual update number of 1, the second will have 2, etc. This is used to distinguish between different annual updates that might exist for a participant that is in treatment for an extended period of time.

Table 37 – Details for AUP-2

Group and Item Number	AUP-8
Data Element	File Version
Format and Type	NN(Numeric)
Maximum Length	2
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
NN	A number from 1 through 99

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	540

4.39 Primary Drug (Code) (ADU-1a)

This is a field indicating the participant's primary drug problem.

Table 38 – Details for ADU-1a

Group and Item Number	ADU-1a
Data Element	Primary Drug (Code)
Question	What is the client's primary alcohol or drug problem?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-19, NOM-1, MTOQ, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
0	None
1	Heroin
2	Alcohol
3	Barbiturates
4	Other Sedatives or Hypnotics
5	Methamphetamine
6	Other Amphetamines
7	Other Stimulants
8	Cocaine / Crack
9	Marijuana / Hashish
10	PCP
11	Other Hallucinogens
12	Tranquilizers (e.g. Benzodiazepine)

13	Other Tranquilizers
14	Non-Prescription Methadone
15	OxyCodone / OxyContin
16	Other Opiates or Synthetics
17	Inhalants
18	Over-the-Counter
19	Ecstasy
20	Other Club Drugs
99901	Unknown
99903	Other (specify in ADU-1b)

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	230
2	None (0) is only allowed for a discharge or resubmission of discharge.	231
3	If Primary Drug Code (ADU-1a) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (16), Inhalants (17), Over-the-Counter (18), Other Club Drugs (20), or 99903 (Other) is selected, then Primary Drug Name (ADU-1b) must be provided.	232

4.40 Primary Drug Name (ADU-1b)

This field is used to record the primary drug name if a Primary Drug Code is selected that either requires the name (99903) or allows (i.e. Other Stimulants) further drug description.

Table 39 – Details for ADU-1b

Group and Item Number	ADU-1b
Data Element	Primary Drug Name
Question	What is the client's primary alcohol or drug problem?
Format and Type	Alpha Numeric
Maximum Length	50
Instrument X-Ref	CADDS-19
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
Alpha Numeric	A freeform text field for input of a specific drug name. When provided the drug name must contain at least two characters.

Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided if Primary Drug Code (ADU-1a) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (16), Inhalants (17), Over-the-Counter (18), Other Club Drugs (20), or Other (99903).	232
2	A value cannot be provided if Primary Drug Code (ADU-1a) is None (0), Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (15), Ecstasy (19) or Unknown (99901).	233

4.41 Primary Drug Frequency (ADU-2)

This field is used to record the frequency of use for the primary drug.

Table 40 – Details for ADU-2

Group and Item Number	ADU-2
Data Element	Primary Drug Frequency
Question	How many days in the past 30 days has the client used the primary drug?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-21, MTOQ, NOM-2, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	Values from 0 to 30 are allowed.
99902	None or not applicable

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	280
2	For a discharge record, where Type of Form (TRN-1) is 4 or 5, if None (0) is selected as Primary Drug Code (ADU-1a), then Primary Drug Frequency (ADU-2) must be None or not applicable (99902).	281
3	None or not applicable (99902) is only allowed when Primary Drug Code (ADU-1a) is None (0).	282

4.42 Primary Drug Route of Administration (ADU-3)

This field is used to record the route of administration used for the primary drug.

Table 41 – Details for ADU-3

Group and Item Number	ADU-3
Data Element	Primary Drug Route of Administration
Question	What is the client's usual route of administration for the primary drug?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-20, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Oral
2	Smoking
3	Inhalation
4	Injection (IV or intramuscular)
99902	None or not applicable
99903	Other

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	260
2	If Primary Drug (ADU-1a) is inhalant (17), the value selected must be Inhalation (3).	261
3	If Primary Drug (ADU-1a) is Alcohol (2), the value selected must be Oral (1).	262
4	For a Discharge Record if Primary Drug Code (ADU-1a) is None (0) the value selected must be None or not applicable (99902).	263
5	None or not applicable (99902) is only allowed when Primary Drug Code (ADU-1a) is None (0).	264

4.43 Primary Drug Age of First Use (ADU-4)

This field is used to record the participant age of first use of the primary drug.

Table 42 – Details for ADU-4

Group and Item Number	ADU-4
Data Element	Primary Drug Age of First Use
Question	What was the client's age of first use for the primary drug?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-22, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
5-105	If an age is provided the age must be a value from 5 through 105.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	300
2	If an age is provided, age must be less than or equal to the participant's age at admission.	301
3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	302

4.44 Secondary Drug (Code) (ADU-5a)

This is a field indicating the participant's secondary drug problem.

Table 43 – Details for ADU-5a

Group and Item Number	ADU-5a
Data Element	Secondary Drug (Code)
Question	What is the client's secondary alcohol or drug problem?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-19, NOM-1, MTOQ, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
0	None
1	Heroin
2	Alcohol
3	Barbiturates
4	Other Sedatives or Hypnotics
5	Methamphetamine
6	Other Amphetamines
7	Other Stimulants
8	Cocaine / Crack
9	Marijuana / Hashish
10	PCP
11	Other Hallucinogens
12	Tranquilizers (e.g. Benzodiazepine)

13	Other Tranquilizers
14	Non-Prescription Methadone
15	OxyCodone / OxyContin
16	Other Opiates or Synthetics
17	Inhalants
18	Over-the-Counter
19	Ecstasy
20	Other Club Drugs
99901	Unknown
99903	Other (specify in ADU-5b)

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	240
2	For a discharge record, where Type of Form (TRN-1) is 4 or 5, if Primary Drug Code (ADU-1a) is None (0), then Secondary Drug Code (ADU-5a) must be None (0).	241
3	If Secondary Drug Code (ADU-5b) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (16), Inhalants (17), Over-the-Counter (18), Other Club Drugs (20), or Other (99903), then Secondary Drug Name (ADU-5b) must be provided.	242
4	If Secondary Drug Code (ADU-5a) is Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (15) or Ecstasy (19), it must not be the same value as the Primary Drug Code (ADU-1a).	244

4.45 Secondary Drug Name (ADU-5b)

This field is used to record the secondary drug name if a Secondary Drug Code is selected that either requires a name (99903) or allows (i.e. Other Stimulants) further drug description.

Table 44 – Details for ADU-5b

Group and Item Number	ADU-5b
Data Element	Secondary Drug Name
Question	What is the client's secondary alcohol or drug problem?
Format and Type	Alpha Numeric
Maximum Length	50
Instrument X-Ref	CADDS-19
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha Numeric	A freeform text field for input of a specific drug name that is at least two characters in length.

Validation Rules		
Rule #	**Rule**	**Error**
1	A value must be provided in Secondary Drug Name (ADU-5b) if Secondary Drug Code (ADU-5a) is Barbiturates (3), Other Sedatives or Hypnotics (4), Other Amphetamines (6), Other Stimulants (7), Other Hallucinogens (11), Tranquilizers (12), Other Tranquilizers (13), Other Opiates or Synthetics (16), Inhalants (17), Over-the-Counter (18), Other Club Drugs (20), or Other (99903).	242
2	A value cannot be provided if Secondary Drug Code (ADU-5a) is None (0), Heroin (1), Alcohol (2), Methamphetamine (5), Cocaine / Crack (8), Marijuana / Hashish (9), PCP (10), Non-Prescription Methadone (14), OxyCodone / OxyContin (15), Ecstasy (19) or Unknown (99901).	243

| 3 | If Secondary Drug Name is provided (not null and not blank) and Primary Drug Name is provided (not null and not blank), then Secondary Drug Name cannot be the same as the Primary Drug Name. | 245 |

4.46 Secondary Drug Frequency (ADU-6)

This field is used to record the frequency of use for the secondary drug.

Table 45 – Details for ADU-6

Group and Item Number	ADU-6
Data Element	Secondary Drug Frequency
Question	How many days in the past 30 days has the client used the secondary drug?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-21, MTOQ, NOM-2, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	Values from 0 to 30 are allowed
99902	None or not applicable

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	290
2	If None (0) is selected as Secondary Drug Code (ADU-5a), then Secondary Drug Frequency (ADU-6) must be None or not applicable (99902).	291
3	None or not applicable (99902) is only allowed when Secondary Drug Code (ADU-5a) is None (0).	292

4.47 Secondary Drug Route of Administration (ADU-7)

This field is used to record the route of administration used for the secondary drug.

Table 46 – Details for ADU-7

Group and Item Number	ADU-7
Data Element	Secondary Drug Route of Administration
Question	What is the client's usual route of administration for the secondary drug?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-20, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Oral
2	Smoking
3	Inhalation
4	Injection (IV or intramuscular)
99902	None or not applicable
99903	Other

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	270
2	If Secondary Drug Code (ADU-5a) is Inhalant (17), the value selected must be Inhalation (3).	271
3	If Secondary Drug Code (ADU-5a) is Alcohol (2), the value selected must be Oral (1).	272
4	If Secondary Drug Code (ADU-5a) is None (0), the value selected must be None or not applicable (99902).	273

| 5 | None or not applicable (99902) is only allowed when Secondary Drug Code (ADU-5a) is None (0). | 274 |

4.48 Secondary Drug Age of First Use (ADU-8)

This field is used to record the participant age of first use of the secondary drug.

Table 47 – Details for ADU-8

Group and Item Number	ADU-8
Data Element	Secondary Drug Age of First Use
Question	What was the client's age of first use for the secondary drug?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-22.1, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
5-105	If an age is provided the age must be a value from 5 through 105.
99902	None or not applicable

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	310
2	If an age is provided, age must be less than or equal to the participant's current age.	313
3	If Secondary Drug (ADU-5a) is none (0), value entered must be 99902 (None or not applicable).	312

4.49 Alcohol Frequency (ADU-9)

This field is used to record the frequency of alcohol use in the last 30 days if the primary and secondary drugs are not alcohol.

Table 48 – Details for ADU-9

Group and Item Number	ADU-9
Data Element	Alcohol Frequency
Question	How many days in the past 30 days has the client used alcohol?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	NOM-1, MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	Values from 0 to 30 are allowed.
99902	None or not applicable

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	283
2	If Primary Drug Code (ADU-1a) or Secondary Drug Code (ADU-5a) are 2 (alcohol), Alcohol Frequency (ADU-9) must be 99902 (none or not applicable).	284

4.50 IV Use (ADU-10)

This field is used to record the number of days the participant has used an IV in the last 30 days.

Table 49 – Details for ADU-10

Group and Item Number	ADU-10
Data Element	IV Use
Question	How many days has the client injected in the past 30 days?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	Values from 0 to 30 are allowed.
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	286
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	287

4.51 Needle Use in the Last 12 Months (ADU-11)

This field is used to record whether the participant has used needles in the past twelve months.

Table 50 – Details for ADU-11

Group and Item Number	ADU-11
Data Element	Needle Use in the Last 12 Months
Question	Has the client used needles during the past twelve months?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-23
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	320
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	324
3	If IV Use (ADU-10) is more than 0, Needle Use (ADU-11) must be yes (1).	323
4	If Primary Drug Route of Administration (ADU-3) is Injection (4) and Primary Drug Frequency (ADU-2) is greater than or equal to one, Needle Use (ADU-11) must be yes (1).	321

5	If Secondary Drug Route of Administration (ADU-7) is Injection (4) and Secondary Drug Frequency (ADU-6) is greater than or equal to one, Needle Use (ADU-11) must be yes (1).	322

4.52 Employment Status (EMP-1)

This field is used to record whether the participant's current employment status

Table 51 – Details for EMP-1

Group and Item Number	EMP-1
Data Element	Employment Status
Question	What is the client's current employment status?
Format and Type	Numeric
Maximum Length	1
Instrument X-Ref	NOM-3, CADDS-8, MTOQ, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Employed Full time (35 hours or more)
2	Part time (less than 35 hrs)
3	Unemployed looking for work
4	Unemployed not in the labor force (not seeking)
5	Not in the labor force (Not seeking)

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	100
2	If client is 14 years old or less, then employment status cannot be 1 (Employed full time).	101

4.53 Work Past 30 Days (EMP-2)

This field is used to record the number of days the participant has worked in the last 30 days.

Table 52 – Details for EMP-2

Group and Item Number	EMP-2
Data Element	Work Past 30 Days
Question	How many days was the client paid for working in the past 30 days?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	Values from 0 to 30 are allowed.
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	293
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	294

4.54 Enrolled in School (EMP-3)

This field is used to record whether the participant is current enrolled in school.

Table 53 – Details for EMP-3

Group and Item Number	EMP-3
Data Element	Enrolled in School
Question	Is the client currently enrolled in school?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	295
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	296

4.55 Enrolled in Job Training (EMP-4)

This field is used to record whether the participant is currently enrolled in job training.

Table 54 – Details for EMP-4

Group and Item Number	EMP-4
Data Element	Enrolled in Job Training
Question	Are the client currently enrolled in a job training program?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	297
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	298

4.56 Highest School Grade Completed (EMP-5)

This field is used to record the highest school grade completed by the participant.

Table 55 – Details for EMP-5

Group and Item Number	EMP-5
Data Element	Highest School Grade Completed
Question	What is the client's highest school grade completed?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-9, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	Values from 0 to 30 are allowed
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value	110
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	111

4.57 Criminal Justice Status (LEG-1)

This field is used to record the participant's criminal justice status.

Table 56 – Details for LEG-1

Group and Item Number	LEG-1
Data Element	Criminal Justice Status
Question	What is the client's criminal justice status?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-12, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	

Value / Format	Meaning
1	Not applicable
2	Under parole supervision by CDC
3	On parole from any other jurisdiction
4	On probation from any jurisdiction
5	Admitted under other diversion from any court under CA Penal Code, Section 1000
6	Incarcerated
7	Awaiting trial, charges or sentencing
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	140

2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	141

4.58 CDC Number (LEG-2)

This field is used to record the participant's California Department of Corrections (CDC) identification number.

Table 57 – Details for LEG-2

Group and Item Number	LEG-2
Data Element	CDC Number
Question	What is the client's CDC Identification Number?
Format and Type	Alpha Numeric
Maximum Length	6
Instrument X-Ref	CADDS (coded remarks)
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
Alpha Numeric	A 6 character string of Alpha (A-Z) and numbers (0-9) characters.
99900	Client declined to state
99901	Don't know / Not Sure
99902	None or not applicable
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	142
2	If Parolee Services Network (LEG-6) is Yes (1), then a CDC Number (LEG-2) must be provided.	143
3	If FOTP Parolee (LEG-7) is Yes (1), then a CDC Number (LEG-2) must be provided.	178

4	If age of participant is under 18, an actual CDC Number cannot be provided.	144
5	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	145

4.59 Number of Arrests Last 30 Days (LEG-3)

This field is used to record the number of arrests for the participant in the last 30 days

Table 58 – Details for LEG-3

Group and Item Number	LEG-3
Data Element	Number of Arrests Last 30 Days
Question	How many times has the client been arrested in the past 30 days?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	NOM-4, MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A value from 0 through 30 is allowed.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	146
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	147

4.60 Number of Jail Days Last 30 Days (LEG-4)

This field is used to record the number of days the participant has spent in jail in the last 30 days.

Table 59 – Details for LEG-4

Group and Item Number	LEG-4
Data Element	Number of Jail Days Last 30 Days
Question	How many days has the client been in jail in the past 30 days?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A value from 0 through 30 is allowed.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	148
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	149

4.61 Number of Prison Days Last 30 Days (LEG-5)

This field is used to record the number of days the participant has spent in prison in the last 30 days.

Table 60 – Details for LEG-5

Group and Item Number	LEG-5
Data Element	Number of Prison Days Last 30 Days
Question	How many days has the client been in prison in the past 30 days?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A value from 0 through 30 is allowed.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	170
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	171

4.62 Parolee Services Network (LEG-6)

This field is used to record whether the participant is a parolee in the Parolee Services Network (PSN).

Table 61 – Details for LEG-6

Group and Item Number	LEG-6
Data Element	Parolee Services Network
Question	Is the client a parolee in the Parolee Services Network (PSN)?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS (coded remarks)
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	172
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	173
3	If Parolee Services Network (LEG-6) is Yes (1), then a CDC Number (LEG-2) must be provided.	143

4.63 FOTP Parolee (LEG-7)

This field is used to record whether the participant is a parolee in the Female Offender Treatment Program (FOTP).

Table 62 – Details for LEG-7

Group and Item Number	LEG-7
Data Element	FOTP Parolee
Question	Is the client a parolee in the Female Offender Treatment Program (FOTP)?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS (coded remarks)
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	174
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	175
3	If FOTP Parolee (LEG-7) is Yes (1), then a CDC Number (LEG-2) must be provided.	178
4	If FOTP Parolee (LEG-7) is Yes (1), then Gender (CID-3) must be Female (2).	176
5	If FOTP Priority Status (LEG-8) is 1, 2, or 3, then FOTP Parolee (LEG-7) cannot be 0 (No).	181

4.64 FOTP Priority Status (LEG-8)

This field is used to record a participant's FOTP Priority Status.

Table 63 – Details for LEG-8

Group and Item Number	LEG-8
Data Element	FOTP Priority Status
Question	What is the client's FOTP Priority Status?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS (coded remarks)
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Completed Forever Free and released and enrolled in treatment program
2	Any woman paroling from CIW
3	Completed Forever Free and goes direct to FOTP facility
99902	None or not Applicable
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	179
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	180
3	If FOTP Priority Status (LEG-8) is 1, 2, or 3, then FOTP Parolee (LEG-7) cannot be 0 (No).	181

4	If FOTP Priority Status (LEG-8) is 1, 2, or 3, then Gender (CID-3) must be female (2).	182
5	If FOTP Priority (LEG-8) is 1, 2, or 3, then CDC Number (LEG-2) must have an actual CDC Number.	183

4.65 Medi-Cal Beneficiary (MED-1)

This field indicates if the client is a Medi-Cal beneficiary.

Table 64 – Details for MED-1

Group and Item Number	MED-1
Data Element	Medi-Cal Beneficiary
Question	Is the client a Medi-Cal beneficiary?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS (coded remarks)
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	184
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	185

4.66 Emergency Room Last 30 days (MED-2)

This is the number of times in the past 30 days the client has visited an emergency room for physical health problems.

Table 65 – Details for MED-2

Group and Item Number	MED-2
Data Element	Emergency Room Last 30 days
Question	How many times the client visited an Emergency Room in the past 30 days for physical health problems?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	Meaning
0-99	A numerical value a value from 0 through 99.
99904	Client unable to answer

Validation Rules		
Rule #	Rule	Error
1	Must be an allowable value.	186
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	187

4.67 Hospital Overnight Last 30 days (MED-3)

This is the number of days in the past 30 days the client has stayed overnight in a hospital for physical health problems.

Table 66 – Details for MED-3

Group and Item Number	MED-3
Data Element	Hospital Overnight Last 30 days
Question	How many days has the client stayed overnight in a hospital for physical health problems in the last 30 days?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numerical value a value from 0 through 30.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	188
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	189

4.68 Medical Problems Last 30 days (MED-4)

This is the number of days in the past 30 days the client has experienced physical health problems.

Table 67 – Details for MED-4

Group and Item Number	MED-4
Data Element	Medical Problems Last 30 days
Question	How many days has the client experienced physical health problems in the past 30 days?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numerical value a value from 0 through 30.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	192
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	193
3	If Emergency Room Last 30 Days (MED-2) or Hospital Overnight Last 30 Days (MED-3) are greater than 0, then Medical Problems Last 30 Days (MED-4) must be greater than 0.	191

4.69 Pregnant at Admission (MED-5)

This field indicates if the client was pregnant at the time of admission.

Table 68 – Details for MED-5

Group and Item Number	MED-5
Data Element	Pregnant at Admission
Question	If the client is not male, is the client pregnant at the time of admission?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	NOM-5, CADDS-11, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99901	Not Sure / Don't Know

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	130
2	If Gender (CID-3) is male, then Pregnant at Admission can not be 'Yes'.	131

4.70 Pregnant at Any Time During Treatment (MED-6)

This field indicates if the client was pregnant at some time during treatment.

Table 69 – Details for MED-6

Group and Item Number	MED-6
Data Element	Pregnant at Any Time During Treatment
Question	If the client is not male, was the client pregnant at any time during treatment?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-32
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99901	Not Sure / Don't Know

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	133
2	If Gender (CID-3) is Male, then Pregnant at Any Time During Treatment can not be 'Yes'.	132

4.71 Medication Prescribed as a Part of Treatment (MED-7)

This field indicates if medication has been prescribed as a part of treatment.

Table 70 – Details for MED-7

Group and Item Number	MED-7
Data Element	Medication Prescribed as a Part of Treatment
Question	What medication is prescribed as a part of treatment?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-17, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	None
2	Methadone
3	LAAM
4	Buprenorphine (Subutex)
5	Buprenorphine (Suboxone)
99903	Other

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	210
2	If medication is 2 or 3, then provider must be a valid licensed narcotics replacement provider on the Master Provider File.	212

4.72 Communicable Diseases: Tuberculosis (MED-8)

This field indicates if the client has been diagnosed with tuberculosis.

Table 71 – Details for MED-8

Group and Item Number	MED-8
Data Element	Communicable Diseases: Tuberculosis
Question	Has the client been diagnosed with Tuberculosis?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer
Validation Rules	

Rule #	Rule	Error
1	Must be an allowable value.	194
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	195

4.73 Communicable Diseases: Hepatitis C (MED-9)

This field indicates if the client has been diagnosed with hepatitis C.

Table 72 – Details for MED-9

Group and Item Number	MED-9
Data Element	Communicable Diseases: Hepatitis C
Question	Has the client been diagnosed with Hepatitis C ?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	196
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	197

4.74 Communicable Diseases: Sexually Transmitted Disease (MED-10)

This field indicates if the client has been diagnosed with a sexually transmitted disease.

Table 73 – Details for MED-10

Group and Item Number	MED-10
Data Element	Communicable Diseases: Sexually Transmitted Disease
Question	Has the client been diagnosed with a Sexually Transmitted Disease?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	198
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	199

4.75 HIV Tested (MED-11)

This field indicates if the client has been tested for HIV / AIDS.

Table 74 – Details for MED-11

Group and Item Number	MED-11
Data Element	HIV tested
Question	Has the client been tested for HIV/AIDS?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	203
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	204

4.76 HIV Test Results (MED-12)

This field indicates whether the client has received results of the HIV / AIDS test.

Table 75 – Details for MED-12

Group and Item Number	MED-12
Data Element	HIV Test Results
Question	Does the client have the results of the HIV/AIDS test?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	206
2	HIV Test Results (MED-12) can only be 'yes' (1) when HIV Tested (MED-11) is 'yes' (1).	207
3	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	208

4.77 Mental Illness (MHD-1)

This field indicates whether the client has ever been diagnosed with a mental illness.

Table 76 – Details for MHD-1

Group and Item Number	MHD-1
Data Element	Mental Illness
Question	Has the client ever been diagnosed with a mental illness?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADDS-25, NOM-7, MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99901	Not Sure / Don't Know

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	214

4.78 Emergency Room Use / Mental Health (MHD-2)

This is the number of times in the last 30 days the client has received outpatient emergency services for mental health needs.

Table 77 – Details for MHD-2

Group and Item Number	MHD-2
Data Element	Emergency Room Use / Mental Health
Question	How many times in the past 30 days has the client received outpatient emergency services for mental health needs?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-99	A numeric value a value from 0 through 99.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	215
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	216

4.79 Psychiatric Facility Use (MHD-3)

This is the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs.

Table 78 – Details for MHD-3

Group and Item Number	MHD-3
Data Element	Psychiatric Facility Use
Question	How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	217
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	218

4.80 Mental Health Medication (MHD-4)

This is indicates whether the client has taken prescribed medication for mental health needs in the last 30 days.

Table 79 – Details for MHD-4

Group and Item Number	MHD-4
Data Element	Mental Health Medication
Question	In the past 30 days, has the client taken prescribed medication for mental health needs?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Yes
0	No
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	223
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	224

4.81 Social Support (SOC-1)

This is the number of days in the last 30 days the client has participated in any social support recovery activities.

Table 80 – Details for SOC-1

Group and Item Number	SOC-1
Data Element	Social Support

Question	How many days in the last 30 days has the client participated in any social support recovery activities such as:
	    12 -Step Meetings
	
	    Other Self Help Meetings
	
	    Religious /Faith Recovery or Self-Help Meetings
	
	    Attending Meetings of organizations other than those listed above
	
	    Interactions with Family Member and/or Friend Support of Recovery?

Format and Type	Numeric
Maximum Length	2
Instrument X-Ref	NOM-8, MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.
Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
Validation Rules	

Rule #	Rule	Error
1	Must be an allowable value.	226

4.82 Current Living Arrangements (SOC-2)

This field identifies the current living arrangements.

Table 81 – Details for SOC-2

Group and Item Number	SOC-2
Data Element	Current Living Arrangements
Question	What is the client's current living arrangements?
Format and Type	Numeric
Maximum Length	1
Instrument X-Ref	NOM-6, MTOQ, CADDS-26, TEDS
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
1	Homeless
2	Dependent Living
3	Independent Living

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	227
2	Current Living Arrangements can be '1' (homeless) only when Zip Code at Current Residence (CID-8) is '00000'	228

4.83 Living with Someone (SOC-3)

This is the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs.

Table 82 – Details for SOC-3

Group and Item Number	SOC-3
Data Element	Living with Someone
Question	How many days in the past 30 days has the client lived with someone who uses alcohol or drugs?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	236
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	237

4.84 Family Conflict Last 30 Days (SOC-4)

This is the number of days in the last 30 days the client had serious conflicts with his / her family.

Table 83 – Details for SOC-4

Group and Item Number	SOC-4
Data Element	Family Conflict Last 30 Days
Question	How many days in the past 30 days has the client had serious conflicts with their family?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
99900	Client declined to state
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	238
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	239

4.85 Number of Children (SOC-5)

This is the number of children the client has that are aged 17 or younger (birth or adopted)

Table 84 – Details for SOC-5

Group and Item Number	SOC-5
Data Element	Number of Children
Question	How many children does the client have aged 17 or less (birth or adopted) whether they live with the client or not?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	250
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	251

4.86 Number of Children Age 5 Years or Younger (SOC-6)

This is the number of children the client has that are aged 5 or younger (birth or adopted)

Table 85 – Details for SOC-6

Group and Item Number	SOC-6
Data Element	Number of Children Age 5 Years or Younger
Question	How many children does the client have aged 5 or younger ?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	252
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	253
3	The value must be less than or equal to Number of Children (SOC-5).	254

4.87 Number of Children Living With Someone Else (SOC-7)

This is the number of children (birth or adopted) living with someone else because of a child protection court order.

Table 86 – Details for SOC-7

Group and Item Number	SOC-7
Data Element	Number of Children Living With Someone Else
Question	How many of the client's children are living with someone else because of a child protection court order?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	255
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	256
3	The value must be less than or equal to Number of Children (SOC-5).	257

4.88 Number of Children Living With Someone Else and Parental Rights Terminated (SOC-8)

This is the number of children (birth or adopted) living with someone else because of a child protection order and for which parental rights have been terminated.

Table 87 – Details for SOC-8

Group and Item Number	SOC-8
Data Element	Number of Children Living With Someone Else and Parental Rights Terminated
Question	If the client has children living with someone else because of a child protection order, for how many of these children have the client's parental rights been terminated?
Format and Type	Numeric
Maximum Length	5
Instrument X-Ref	CADPAAC, MTOQ
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
0-30	A numeric value a value from 0 through 30.
99904	Client unable to answer

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	266
2	The 'Client unable to answer' (99904) value is only allowed if Type of Service (ADM-4) is 3, 4, or 5 (a detox service) or if Disability (CID-18) includes 7 (developmentally disabled).	267
3	The value must be less than or equal to Number of Children (SOC-5).	268

4.89 System Record Indicator (SYS-1)

This is field is used to identify the type of system record in the submitted file.

Table 88 – Details for SYS-1

Group and Item Number	SYS-1
Data Element	System Record Indicator
Format and Type	Alpha
Maximum Length	3
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
H	H indicating a Header record.
EOF	EOF indicating an End of File record.
PNA	PNA indicating a Provider No Activity record.

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	500

4.90 County Code or Direct Provider ID (SYS-2)

This field is used to identify the county or direct provider submitting the file.

Table 89 – Details for SYS-2

Group and Item Number	SYS-2
Data Element	County Code or Direct Provider ID
Format and Type	Numeric
Maximum Length	6
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
NN	A two digit county code. See Section 5 for valid county codes.
NNNNNN	A six digit Provider ID. The Provider ID includes the two digit county code and the four digit Direct Provider ID.

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	350
2	If a Provider ID is submitted, the Provider ID must be found in the Master Provider File.	351

Note: The Joint Powers Authority for Alcohol and Other Drug Services for the counties of Sutter and Yuba reports under the county code for Sutter County (51).

4.91 Report Month (SYS-3)

This is field is used to identify the report month for which a submission status will be provided.

Table 90 – Details for SYS-3

Group and Item Number	SYS-3
Data Element	Report Month
Format and Type	YYYYMM (Numeric)
Maximum Length	6
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
YYYY	Four digit number with a value from 2005 through 2099.
MM	Two digit number with a value from 01through 12.

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	501
2	The report month and year must be less than or equal to the current month and year.	502

4.92 Submission Status (SYS-4)

This field is used to identify the reason for not reporting data for a given report month for a given Provider ID.

Table 91 – Details for SYS-4

Group and Item Number	SYS-4
Data Element	Submission Status
Format and Type	Alpha
Maximum Length	1
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values	
Value / Format	**Meaning**
A	Provider is no longer providing reportable services.
B	Provider is closed.
C	Provider is temporarily not providing services (i.e. school-based program closed for the summer).
D	Provider had no admission or discharge activity for the report month.
E	Provider is late reporting their admission / discharge activity for the report month.
F	Provider unaware of reporting requirements.

Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	520

4.93 File Version (SYS-5)

This field is used to identify the file version that is being submitted. While initially there will only be one file version, any changes to the file format (e.g. new field or new allowable values) may result in a new file version.

Table 92 – Details for SYS-5

Group and Item Number	SYS-5
Data Element	File Version
Format and Type	NNN.NN (Numeric)
Maximum Length	6
Instrument X-Ref	None
Error Action	If any validation rules fail, report the error to the submitter for correction and resubmission.

Allowable Values		
Value / Format	**Meaning**	
NNN.NN	Version of the file format	
Validation Rules		
Rule #	**Rule**	**Error**
1	Must be an allowable value.	530

5   List of County Codes

County Code	Name of County	County Code	Name of County
01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humboldt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

6 List of State Codes

State Code	Name of State	State Code	Name of State
AL	Alabama	MT	Montana
AK	Alaska	NE	Nebraska
AZ	Arizona	NV	Nevada
AR	Arkansas	NH	New Hampshire
CA	California	NJ	New Jersey
CO	Colorado	NM	New Mexico
CT	Connecticut	NY	New York
DE	Delaware	NC	North Carolina
DC	District of Columbia	ND	North Dakota
FL	Florida	OH	Ohio
GA	Georgia	OK	Oklahoma
HI	Hawaii	OR	Oregon
ID	Idaho	PA	Pennsylvania
IL	Illinois	RI	Rhode Island
IN	Indiana	SC	South Carolina
IA	Iowa	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MD	Maryland	VA	Virginia
MA	Massachusetts	WA	Washington
MI	Michigan	WV	West Virginia
MN	Minnesota	WI	Wisconsin
MS	Mississippi	WY	Wyoming
MO	Missouri		

7   List of Error Codes and Messages

Error Code	Error Message
000	File is unreadable or not in expected format. File rejected.
001	Record does not match expected record layout.
008	Place of Birth – County is a value from 01 through 58 and Place of Birth – State is not CA.
009	Place of Birth – County is Other (out of state) and Place of Birth – State is CA.
010	Length of Provider ID is not valid. Length must be 6 characters.
013	Provider ID not found in ADP's master Provider List.
020	Form Serial Number is invalid.
022	Current First Name is invalid – allowable value not provided.
023	Current First Name Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
024	Current Last Name is invalid – allowable value not provided.
025	Current Last Name Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
026	SSN Invalid – allowable value not provided.
027	SSN Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
028	Place of Birth – State is CA and Place of Birth – County is not a value from 01 through 58.
029	Place of Birth – State is not CA and Place of Birth – County is a value from 01 through 58.
030	Birth Last Name invalid – value not provided
031	Birth First Name invalid – value not provided.
032	Zip Code invalid – allowable value not provided.
033	Zip Code can only be '00000' if living arrangements is 1 (homeless).
034	Zip Code Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
035	Place of Birth County invalid – allowable value not provided.
036	Place of Birth State invalid – allowable value not provided.
037	Driver's License State was provided and no Driver's License Number was provided.
038	Driver's License Number invalid – allowable value not provided.
039	Driver's License Number Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
040	Gender invalid – allowable value not provided.
042	Driver's License State invalid – allowable value not provided.
043	Driver's License State Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
044	Driver's License State not provided and Driver's License Number provided.

Error Code	Error Message
045	Mother's First Name invalid – value not provided.
047	Veteran status invalid – allowable value not provided.
048	Veteran status invalid – status cannot be 1 (yes) if participant is younger than 17.
049	Veteran status Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
050	Birth Date not provided in specified format MM/DD/YYYY.
052	Birth Date provided is not a valid calendar date.
053	Birth Date results in age younger than 5 years or older than 105 years.
055	Consent invalid – allowable value not provided.
056	Days Waited invalid – allowable value not provided.
057	Days waited Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
060	Provider's Participant ID is not valid.
061	Provider's Participant ID provided in discharge record does not match the Provider's Participant ID provided at admission.
062	CalWORKs Recipient Status invalid – allowable value not provided.
063	Treatment under CalWORKs invalid – allowable value not provided.
064	Treatment under CalWORKs invalid – value can only be yes (1) if CalWORKs Recipient status is yes (1).
080	Race was not indicated in record.
081	More than 5 races were indicated in record.
082	Multiple races provided without sub-delimiter.
083	One or more invalid races selected.
090	Ethnicity invalid – allowable value not provided.
100	Employment status invalid- allowable value not provided.
101	Employment status invalid – value 1 not allowed for clients aged 14 or younger.
110	Highest School Grade Completed Invalid – allowable value not selected.
111	Highest School Grade Completed Invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
120	Source of Referral invalid – allowable value not selected.
130	Pregnant at admission is invalid – allowable value not provided.
131	Gender is male and Pregnant at Admission is Yes.
132	Gender is male and Pregnant at any time during treatment is Yes.
133	Pregnant at any time during treatment is invalid – allowable value not provided.
140	Criminal Justice Status invalid – allowable value not provided.

Error Code	Error Message
141	Criminal Justice Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
142	CDC Number invalid – allowable value not provided.
143	A CDC Number must be provided if PSN is yes.
144	A CDC Number must not be provided if the client age is under 18 years old.
145	CDC Number invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
146	Number of Arrests invalid – allowable value not provided.
147	Number of Arrests invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
148	Number of Days in Jail invalid – allowable value not provided.
149	Number of Days in Jail invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
150	Disability Code invalid – allowable value not provided.
151	Disability Code invalid – 1, 99900, or 99904 included in multiple value selection.
152	Disability Code invalid – Client unable to answer is only allowed for detox clients.
153	Multiple disabilities provided without sub-delimiter.
160	Admission Date not provided in specified format MM/DD/YYYY.
161	Admission Month, Day or Year not within the allowable ranges.
162	Admission Date provided is not a valid calendar date.
163	Admission Date is more than 5 years earlier than the transaction date.
164	Annual Update Date not provided in specified format MM/DD/YYYY.
165	Annual Update Month, Day or Year not within the allowable ranges.
166	Annual Update Date provided is not a valid calendar date.
167	Annual Update Date is more than 5 years earlier than the transaction date.
168	Annual Update Date is on or before the admission date.
169	Annual Update Date is more than 60 days earlier than 1 year after admission date.
170	Number of Days in Prison invalid – allowable value not provided.
171	Number of Days in Prison invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
172	PSN Status invalid – allowable value not provided.
173	PSN Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
174	FOTP Parolee invalid – allowable value not provided.
175	FOTP Parolee invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.

Error Code	Error Message
176	IF FOTP Parolee is yes, gender must be female.
178	A CDC Number must be provided if FOTP Parolee is yes.
179	FOTP Priority status invalid – allowable value not provided.
180	FOTP Priority Status invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
181	IF FOTP Priority Status is 1, 2, or 3 then FOTP Parolee cannot be no (0).
182	IF FOTP Priority Status is 1, 2, or 3 then Gender must be female (2).
183	IF FOTP Priority Status is 1, 2, or 3 then a CDC number must be provided.
184	Medi-cal beneficiary invalid – allowable value not provided.
185	Medi-cal beneficiary invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
186	Emergency Room invalid – allowable value not provided
187	Emergency Room invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients
188	Hospital Overnight invalid – allowable value not provided.
189	Hospital Overnight invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
190	Admission Transaction Type invalid – allowable value not provided.
191	Medical Problems invalid – Medical Problems must be greater than 0 since Emergency or Overnight last 30 days are greater than 0.
192	Medical Problems invalid – allowable value not provided.
193	Medical Problems invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
194	Communicable Disease: Tuberculosis invalid – allowable value not provided.
195	Communicable Disease: Tuberculosis invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
196	Communicable Disease: Hepatitis C invalid – allowable value not provided.
197	Communicable Disease: Hepatitis C invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
198	Communicable Disease: STD invalid – allowable value not provided.
199	Communicable Disease: STD invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
200	Type of Service invalid – allowable value not provided.
201	Type of Service invalid – service does not match services on ADP Master Provider File.
203	HIV Tested invalid – allowable value not provided.
204	HIV Tested invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
206	HIV Test Results invalid – allowable value not provided.

Error Code	Error Message
207	HIV Test results can only be yes (1) if HIV Tested is yes (1).
208	HIV Test Results invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
210	Medication Prescribed invalid – allowable value not provided.
212	Medication Prescribed invalid – Medication is Meth or LAMM and provider has no license for narcotic replacement.
214	Mental Illness invalid – allowable value not provided.
215	Emergency Room Use / Mental Health invalid – allowable value not provided.
216	Emergency Room Use / Mental Health invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
217	Psychiatric Facility Use invalid – allowable value not provided.
218	Psychiatric Facility Use invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
220	Number of Prior Episodes invalid – allowable value not selected.
221	Number of Prior Episodes invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
223	Mental Health Medication invalid – allowable value not provided
224	Mental Health Medication invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
226	Social Support invalid – allowable value not provided.
227	Current Living arrangement invalid – allowable value not provided.
228	Current Living arrangement invalid – value can be 1 (homeless) only if zip code is '00000'.
230	Primary Drug invalid – allowable value not provided.
231	Primary Drug invalid – 0 is only allowed for discharge records.
232	Primary Drug name invalid – a Primary Drug Code was selected that requires that the drug name be specified.
233	Primary Drug name invalid – a drug name was provided and primary drug code is 0, 1, 2, 5, 8, 9, 10, 14, 15, 19 or 99901.
236	Living with Someone invalid – allowable value not selected.
237	Living with Someone invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
238	Family Conflict invalid – allowable value not selected.
239	Family Conflict invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
240	Secondary Drug invalid – allowable value not provided.
241	Secondary Drug invalid – 0 (none) was selected for Primary Drug, Secondary Drug must also be 0 (none).

Error Code	Error Message
242	Secondary Drug name invalid – a Secondary Drug was selected that requires that the drug name be specified.
243	Secondary Drug name invalid – a drug name was provided and secondary drug code is 0, 1, 2, 5, 8, 9, 10, 14, 15, 19 or 99901.
244	Secondary Drug code invalid – A specific Secondary Drug cannot be the same as the Primary Drug.
245	Secondary Drug name invalid – The Secondary Drug name cannot be the same as the Primary Drug Name.
250	Number of Children (age 17 and younger) invalid – allowable value not selected.
251	Number of Children (age 17 and younger) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
252	Number of Children (age 5 and younger) invalid – allowable value not selected.
253	Number of Children (age 5 and younger) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
254	Number of Children (age 5 and younger) invalid – value must be less than or equal to Number of Children (age 17 and younger).
255	Children living with someone else invalid – allowable value not selected.
256	Children living with someone else invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
257	Children living with someone else invalid – value must be less than or equal to Number of Children (age 17 and younger).
260	Primary Drug Route of Administration invalid – allowable value not provided.
261	Primary Drug Code is inhalant (17) and Primary Drug Route of Administration is not inhalation (3).
262	Primary Drug Code is alcohol (2) and Primary Drug Route of Administration is not oral (1).
263	Primary Drug Route of Administration must be 99902 if Primary Drug Code is None (0).
264	Primary Drug Route of Administration invalid - 99902 is only allowed if Primary Drug Code is None (0).
266	Children living with someone else (rights terminated) invalid – allowable value not selected.
267	Children living with someone else (rights terminated) invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
268	Children living with someone else (rights terminated) invalid – value must be less than or equal to Number of Children (age 17 and younger).
270	Secondary Drug Route of Administration invalid – allowable value not provided.
271	Secondary Drug Code is inhalant (17) and Secondary Drug Route of Administration is not inhalation (3).
272	Secondary Drug Code is alcohol (2) and Secondary Drug Route of Administration is not oral (1).

Error Code	Error Message
273	Secondary Drug Route of Administration must be 99902 if Secondary Drug Code is None (0).
274	Secondary Drug Route of Administration invalid - 99902 is only allowed when Secondary Drug Code is None (0).
280	Primary Drug Frequency invalid – allowable value not provided.
281	Primary Drug Frequency invalid – frequency must be 99902 since Primary Drug is None (0).
282	Primary Drug Frequency invalid – 99902 is only valid if Primary Drug is None (0).
283	Alcohol Frequency invalid – allowable value not provided.
284	Alcohol Frequency invalid – since Primary or Secondary Drug is Alcohol, value must be 99902.
286	IV Use invalid – allowable value not provided.
287	IV Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
290	Secondary Drug Frequency invalid – allowable value not provided.
291	Secondary Drug Frequency invalid – value must be 99902 if Secondary Drug is None (0).
292	Secondary Drug Frequency invalid – 99902 is only valid if Secondary Drug is None (0).
293	Work in the Past 30 Days invalid – allowable value not provided.
294	Work in Past 30 Days invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
295	Enrolled in School invalid – allowable value not provided.
296	Enrolled in School invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
297	Enrolled in Job Training invalid – allowable value not provided.
298	Enrolled in Job Training invalid- Client unable to answer is only allowed for detox clients or developmentally disabled clients.
300	Primary Drug Age of First Use invalid – allowable value not provided.
301	Primary Drug Age of First Use invalid – age of first use greater than age at admission.
302	Primary Drug Age of First Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
310	Secondary Drug Age of First Use invalid – allowable value not provided.
312	Secondary Drug Age of First Use invalid – 99902 is only valid if Secondary drug is None.
313	Secondary Drug Age of First Use invalid – age of first use greater than age at admission.
320	Needle use in the last 12 months invalid – allowable value not provided.
321	Needle use must be Yes (1) since Primary Drug route is injection and Primary Drug Frequency is greater than or equal to 1.

Error Code	Error Message
322	Needle use must be Yes (1) since Secondary Drug route is injection and Secondary Drug Frequency is greater than or equal to 1.
323	Needle use must be Yes (1) since IV Use is greater than 0.
324	Needle Use invalid – Client unable to answer is only allowed for detox clients or developmentally disabled clients.
330	Paying County Code invalid – allowable value not provided.
331	Paying County Code must be provided if a Special Services Contract ID is provided.
340	Special Services Contract ID invalid – allowable value not provided.
341	If a Special Services Contract ID is provided, Paying County Code must be provided.
342	Special Services Contract ID does not match the Master Provider File.
350	Submitting County Code not valid.
351	Submitting Provider ID does not match the Master Provider File.
370	Discharge Date not provided in specified format MM/DD/YYYY.
371	Discharge Month, Day or Year not within the allowable ranges.
372	Discharge Date provided is not a valid calendar date.
373	Discharge Date is more than 5 years earlier than the transaction date.
374	Unmatched Discharge record. No matching (on FSN) admission record found.
380	Type of form invalid – allowable value not specified.
381	Transaction Date and Time not provided in specified format.
382	Transaction Month, Day, Year, Hour, Minute, or Second not within allowable ranges.
383	Transaction Date provided is not a valid calendar date.
384	Transaction Date and Time is later than the current date and time.
391	Discharge Date is before the admission date.
400	Discharge Status invalid – allowable value not provided.
460	Duplicate Admission Record.
461	Duplicate Annual Update Record.
462	Annual Update Record submitted with no matching (on FSN) admission.
463	Duplicate Discharge Record.
464	Deletion of Admission Record submitted with no match found.
465	Deletion of Discharge Record submitted with no match found.
466	Deletion of Annual Update Record submitted with no match found.
500	System Record Indicator invalid – allowable value not provided.
501	Report Month invalid – allowable value not provided.
502	Report Month invalid – Report month after the current month and year.

Error Code	Error Message
520	Submission Status invalid – allowable value not selected.
530	File Version invalid – allowable value not selected.
540	Annual Update Number invalid – allowable value not provided.
900	FSN provided in discharge record does not match an admission record.